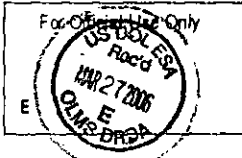


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10551</u>	2. Fiscal Year Covered From: <u>1/1/05</u> Through: <u>12/31/05</u>
3. Name and address of person filing. Name <u>GARY SCHAUER</u> P.O. Box, Bldg., Room No., if any Street <u>330 Chestnut St</u> City <u>N. Syracuse</u> <u>2148</u> State <u>N.Y.</u> ZIP Code + 4 <u>13212</u>	4. Name, file number, and address of labor organization. Name <u>Int'l. Union of Elevator</u> <u>Const.</u> Labor Organization File Number <u>049-878</u> P.O. Box, Building and Room Number, if any Street <u>615 W. Genesee St</u> City <u>Syracuse</u> State <u>N.Y.</u> ZIP Code + 4 <u>13204-2303</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>3-11-06</u> <u>315-730-3036</u> Date Telephone Number

Name of Person Filing

GARY SCHAWER

File Number U-

049-878

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEIEP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11 LARSEN WAY

City Attleboro Falls

State MA ZIP Code + 4

02763-1068

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE LM30 Attachment

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement For NEIEP
Instructor, recruitment,
Petty cash.

12.b. Amount.

\$ 9130.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

LM-30 Attachment

Name:

Ending date of report period: 12/31/05

LM-30 File Number: To be assigned

LM-30 Item
Number

1 la Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trusts receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11 b. Accordingly no amount is reported in 11 b.